



Truman State Office Building
301 West High Street, Room 770
PO Box 118
Jefferson City MO 65102
Telephone: 573-751-4539
Fax: 573-522-4322
e-mail: YOP@mail.state.mo.us
Internet:
www.missouridevelopment.org

STATE USE ONLY

2003 Application

Applicant (Official or Legal Name)		
Project Title		*Project Location (Street, City, County, 9-digit ZIP Code)
Contact Person/Project Administrator (First Name, Last Name, Title)		
Mailing Address (Street Address, P.O. Box, City, State, 9-digit Zip Code)		
Day Phone (include extension) ()	Fax Number ()	E-mail Address
Agency Director (First Name, Last Name, Title)		Day Phone (include extension) ()
Proposed Project Period (Please circle one) 12 Months 24 Months 36 Months The project period is the timeframe in which all activities, i.e. fund-raising, service delivery, expenditures, and/or construction, related to the proposed project will be completed, excluding the required final audit and project evaluation. Please circle either 24 or 36 months if the project involves construction or renovation. Circle 12 or 24 month for service delivery projects.		

*Provide information in regards to the physical location where your project takes place. If your project takes place at more than one site, submit the addresses for all sites (street, city, county, 9-digit zip). You may find the 9-digit zip by accessing: www.usps.com and clicking on "Find Zip Codes."

Which category does your project qualify under primarily? Choose one only.

- | | |
|--|---|
| <input type="checkbox"/> Adopt-a-school | <input type="checkbox"/> Substance Abuse Prevention |
| <input type="checkbox"/> Degree Completion | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Internship/Apprenticeship | <input type="checkbox"/> Youth Activity Center |
| <input type="checkbox"/> Youth Club or Association | <input type="checkbox"/> Conflict Resolution |
| <input type="checkbox"/> Mentor/Role Model | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Counseling | |



INSTRUCTIONS: Please answer questions one through twelve on separate sheets of paper. Provide brief and concise answers, while answering the questions as thoroughly as possible. Answers to individual questions should be no more than a half a page when using ten or twelve font and absolutely no longer than one full page.

SERVICES/ACTIVITIES

1. Describe the services the project will offer the youth targeted, the key features and the comparative advantages over other projects in the area that target the same population and offer similar services. If proposing a construction, renovation or property acquisition project, demonstrate a growing need that necessitates physical expansion or the existing structure presents a threat to the health and well-being of clients. (Note: Refer to page 11 of the application instructions.)
2. Define the number and characteristics of the youth the project will target. Indicate how these youth are different from the broader population of youth in the service area that will not be targeted. Include the geographical service area and census data. Find census data information at the following website: www.oseda.missouri.edu/
3. Explain why the targeted youth want these services or will be persuaded to try them. Were these youth involved in planning, implementing, and evaluating the project? To what extent will they be involved in generating ideas and implementing needed change with the project?

OUTCOMES

4. Indicate the outcomes the agency is committed to achieving through this proposed project. If proposing a construction, renovation or property acquisition project, indicate the outcomes for the activities that will take place in the facility once construction, renovation, or acquisition is completed. (Note: Refer to page 11 of the application instructions.)

- ☐ Increase the number of at-risk youth that receive a high school diploma.
- ☐ Increase the number of at-risk youth that receive a GED.
- ☐ Increase the number of at-risk youth that remain in school and earn course credit(s) toward their diploma.
- ☐ Reduce the number of at-risk youth committing crimes and violent acts.
- ☐ Decrease the number of at-risk female teens that become pregnant.
- ☐ Increase the number of youth that have completed alcohol and drug awareness programs and abstain from alcohol and drug use.
- ☐ Increase the number of at-risk youth that have completed an employment skills education and development program.
- ☐ Other _____.
- ☐ Other _____.
- ☐ Other _____.
- ☐ Other _____.

PERFORMANCE TARGETS & VERIFICATION

5. List and discuss the performance targets the agency is committed to achieving. Discuss why these targets have been chosen, rather than setting higher or lower targets. If proposing a construction, renovation or property acquisition project, list and discuss the performance targets for the activities that will take place in the facility once construction, renovation, or acquisition is completed. (Note: Refer to page 12 of the application instructions.)

6. How will the agency verify the extent to which performance targets are achieved? Discuss the evaluation tools, how often the evaluation will take place and who will be collecting and reporting the results. If proposing a construction, renovation or property acquisition project, list and discuss the evaluation tools for the activities that will take place in the facility once construction, renovation, or acquisition is completed. (Note: Refer to page 12 of the application instructions.)

MILESTONES

7. List and discuss the critical milestones which youth must achieve to successfully meet the performance targets? If proposing a construction, renovation or property acquisition project, also include milestones for construction, renovation or property acquisition. (Note: Refer to page 13 of the application instructions.)

INPUTS

8. Briefly discuss the agency's history and discuss the different services it offers. Summarize two of the agency's past projects most similar to this proposed project.
9. Profile those key individuals who will have the most responsibility for shaping the project, connecting it to the targeted youth, and achieving performance targets. Focus on energy, capacity, and commitment. (Note: Refer to page 14 of the application instructions.)
10. Discuss other organizations or individuals that will play a role in carrying out the project. Focus on energy, capacity, and commitment.
11. Discuss the fund raising plan for this project. Who will be involved in fund raising? To whom will agency market the tax credits? What other resources is your agency committing to this project?
12. List and discuss this project's other sources of funding, such as United Way, city grants, foundation grants, etc. Include amounts and expenses for which these grants will pay. Indicate which grants or monies are pending and which has been awarded to your agency.
13. Show how the project will continue to operate without additional investment from the Youth Opportunities Tax Credit Program. Discuss plans for this project in moving it towards self-reliance.

BUDGET PAGE

Budget Category (Note: Refer to <u>page 14</u> of the application instructions.)	YOP Budget	Amount From Other Sources
Salaries		
Contract		
Travel		
Equipment		
Supplies		
Building Space		
Construction		
Property Acquisition		
Other Costs		
TOTAL—(YOP BUDGET MAY NOT EXCEED \$500,000)		
# of Youth Targeted (# that will successfully complete your project)		
Total Cost/Youth [(Total Budget) ÷ (# of Youth Targeted)]		

Attachment B**CURRENT MEMBERS OF THE BOARD,
COUNCIL OR COMMISSION**

NAME: _____
HOME ADDRESS: _____
DAY PHONE: _____
OCCUPATION: _____
POSITION: _____
RESIDENT OF AREA? _____

NAME: _____
HOME ADDRESS: _____
DAY PHONE: _____
OCCUPATION: _____
POSITION: _____
RESIDENT OF AREA? _____

NAME: _____
HOME ADDRESS: _____
DAY PHONE: _____
OCCUPATION: _____
POSITION: _____
RESIDENT OF AREA? _____

NAME: _____
HOME ADDRESS: _____
DAY PHONE: _____
OCCUPATION: _____
POSITION: _____
RESIDENT OF AREA? _____

NAME: _____
HOME ADDRESS: _____
DAY PHONE: _____
OCCUPATION: _____
POSITION: _____
RESIDENT OF AREA? _____

NAME: _____
HOME ADDRESS: _____
DAY PHONE: _____
OCCUPATION: _____
POSITION: _____
RESIDENT OF AREA? _____

LETTERS OF SUPPORT

Attached are letters of support for this project from the following individuals:

[illegible]

SITE CONTROL DOCUMENT

We understand that our organization must be able to demonstrate that we either presently have control, or will be able to secure control, of the site where our proposed building project will take place.

Documentation is attached for whichever item is checked below:

- ☐ 1. Evidence that your organization owns the property (Original title not required).
- ☐ 2. A copy of an executed lease agreement. A draft document will not satisfy this requirement.
- ☐ 3. Legal option to purchase or lease the property from the present owner if the project receives YOP credit approval. A draft document will not satisfy this requirement.
- ☐ 4. Contingency contract with the current owner stipulating that the property will either be contributed outright or sold to the organization at a discount if and when the project receives YOP approval. A draft document will not satisfy this requirement.*

**Before credits will be issued on property contributions, YOP must receive the following documentation:*

- *Two qualified independent appraisals--The value of the property must be based on the lesser of the two appraisals conducted by state-certified or state-licensed appraisers. See page 6, number 7.*
- *A Phase I Environmental Site Assessment is required on all real estate contributed for YOP credit or purchased using YOP contributions. See page 7, number 6.*

CERTIFICATION OF ALIEN EMPLOYMENT AND APPLICATION

I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.

I certify that the applicant does NOT employ illegal aliens and has complied with federal law (8 U.S.C. §1324a), which requires the examination of an appropriate document(s) to verify that an individual is not an unauthorized alien.

I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee examine the document(s) required by federal law, the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding.

I certify that I have been duly authorized by the board, council, or commission of this organization to submit this application and attachments to the Youth Opportunities Program. Under the penalties of perjury, I declare that I have examined this application, including all accompanying attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Name*	Title
Signature	Date
Subscribed and sworn to before me on this _____ day of _____ 20____.	My commission expires on
NOTARY SEAL	Notary Public Signature _____ Notary Public Name (Printed or Typed) _____

*This application must be submitted by the agency's director as listed on the first page of this application.

Please Note:

- ***The Youth Opportunities Program (YOP) retains the right to accept, reject, or negotiate, in whole or in part, any or all applications received.***
- ***The Youth Opportunities Program (YOP) reserves the right to vary the provisions, set forth herein, at any time prior to the execution of a contract where YOP deems such variance to be in the best interest of YOP.***
- ***This application is designed to solicit potential projects which meet the targeted performance results of the Youth Opportunities Program (YOP), to provide information to allow for a fair selection of projects, and to facilitate the monitoring and evaluation of and assistance to the projects which are selected.***

YOP APPLICATION CHECKLIST

Upon completing the application, carefully check this list to make sure you have not overlooked any of the required items. A complete proposal consists of **one** copy of each of the following:

ALL APPLICANTS MUST SUBMIT THESE ITEMS:

- ☐ **Application**
The application must contain the executive director's original signature and notary on page A9.
- ☐ **Attachment A**--Map of Project Area.
- ☐ **Attachment B**--Current Members of the Board, Council or Commission.
 - ☐ A copy of the form provided.
- ☐ **Attachment C**--Letters of Support.
 - ☐ A copy of the form provided.
Include a single copy of each of at least 4 letters.
 - ☐ Local government endorsement letter.
 - ☐ 3 Letters of support from targeted youth, community organizations, businesses or others.

ONLY CERTAIN APPLICANTS MUST SUBMIT THESE ITEMS:

- ☐ **Attachment E**--Site Control Document (Only required if project is property acquisition, construction or renovation of the project site.)
 - ☐ A copy of the form provided.
 - ☐ A copy of the required documentation.

REMINDER

KEEP A COPY OF THE ENTIRE COMPLETED APPLICATION (INCLUDING ALL ATTACHMENTS) FOR YOUR OWN RECORDS.

Carefully check your entire application to be sure you have not overlooked any required information or attachments. The checklist is being provided for this purpose. It is necessary for you to provide all documentation that YOP has requested in order for proper consideration to be given to your proposal. Failure to submit all required documentation will result in the disqualification of your proposal.